

Montana Medicaid and Mental Health Services Plan
Therapeutic Living Services
For Individuals under 21

CERTIFICATE OF NEED

Check One: Therapeutic Youth Group Home

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Therapeutic Family Care

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Recipient Name: _____

Date of Birth: _____

Address: _____

SSN: _____ Medicaid/MHSP ID Number: _____

Admitting Facility: _____ Provider Number: _____

Proposed Admission Date: _____ Expected Discharge Date: _____

At the time of admission the interdisciplinary team certifies the following:

1. The recipient is experiencing psychiatric symptoms of a severe or persistent nature that require more intensive treatment and clinical supervision that can be provided by outpatient mental health services

2. The recipient is at significant risk for placement in a more restrictive environment if therapeutic living care is not provided, or the recipient is currently being treated or maintained in a more restrictive environment and requires a structured treatment environment in order to be successfully treated in a less restrictive setting

3. The recipient's prognosis for beneficial treatment at a level of care lower than therapeutic living is very poor because the recipient demonstrates one or more of the following: significantly impaired interpersonal or social functioning; significantly impaired educational or occupational functioning; lack of family or other community or social networks; impaired judgement; poor impulse control _____

4. As a result of the emotional disturbance or mental illness, the recipient exhibits an inability to perform daily living activities in a developmentally appropriate manner

5. As a result of the emotional disturbance or mental illness, the recipient exhibits maladaptive or disruptive behavior that is developmentally inappropriate

Print/Type Name of Physician Team Member

Title

Signature of Physician Team Member

Date

Print/Type Name of Mental Health Professional

Title

Signature of Mental Health Professional

Date

Print/Type Name of Case Manager

Mental Health Center

Signature of Case Manager

Date

Telephone Number